## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** Aug 21, 2001 8:00 am Secretary of State DOCUMENT # N9900007388 1. Entity Name 08-21-2001 90001 041 \*\*\*\*70 00 ASTON D. MILLER MINISTRIES, INC. Principal Place of Business Mailing Address 12964 75TH LANE NORTH 12964 75TH LANE NORTH 8777779 WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0952014 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MILLER, ASTON D **12964 75TH LANE NORTH** WEST PALM BEACH FL 33412 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Change ■ Addition ☐ Delete TITLE MILLER, ASTON D NAME NAME 12964 75TH LANE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete ABIOLA, LEAH J NAME NAME STREET ADDRESS 13257 85TH RD N STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE MILLER, CAROLYN M NAME NAME STREET ADDRESS 12964 75TH LANE NORTH STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

(5/01)

CR2E037

Change

Addition